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Pursuant to our recent telephone conversation concerning Uncle Art, enclosed are the pictures my husband took of his ulcer.

To reiterate the history of Uncle Art; he is 91 years old, ambulatory, with all of his faculties, no systemic diseases and no known allergies. Angiography revealed arterial occlusion in his left leg with almost no run off distally. He was not a candidate for any reconstructive vascular surgery, such as a fem-pop or ax-fem.

I had been out of the country for 3 years and returned to find he had this ulcer during that entire time, and responded to nothing, which his previous doctors had treated. What a caveat. Bone scans revealed no underlying osteomyelitis, and his blood work, which I ordered showed he had no elevation in titer in his techoic acid antibody study-serology. His albumin levels were WNL.

After reviewing everything in its totality, I came to the conclusion; I needed some way to collateralize the ulcer, and obtain a good biological dressing to promote healing. Under sterile technique, I mechanically debrided the area several times and capaciously irrigated the wound with NSS and applied the hycure. In addition to doing that, I applied a ¼ inch nitro paste to the area over the medial posterior artery, and rotated it to the popliteal area and to the femoral artery. This helped to collateralize his run off. I also put Uncle Art on cipro 500 mg tid for 14 days, as the cultures warranted it.

The hycure absorbed all the exudate in question. Initially we had to change the dressing bid, then we went to q.d. What was interesting was that the wound no longer appeared macerated and started to demarcate itself.

No cross contamination is the key to it all. Having come from Israel, and studying trauma there, we always did the following to "prevent cross contamination of the wound"
... ALWAYS WEAR GLOVES TO REMOVE THE DRESSING, TOSS THE GLOVES,
AND APPLY NEW GLOVES TO APPLY THE NEW DRESSING. NEVER, EVER
WEAR THE SAME GLOVES YOU USE TO REMOVE THE DIRTY DRESSINGS, TO
APPLY THE FRESH CLEAN DRESSINGS.

In surgery, when I was dealing with a dirty wound, I not only changed the gloves, but also the instruments, and the field. Everything gets tossed, a new surgical site is applied, new dressing, new instruments, and then I continue debridement of the area, once I am down to good skin. There is no evidence of cross contamination whatsoever.

Capaciously irrigating the wound also decreases the number of bacteria at the site. You can also do this by doing it under pressure, such as using a syringe or mechanical pressure irrigating machine. I have also had great results using the HBO2 chamber. Unfortunately, Medicare would not pay for hyperbaric for Uncle Art, as he did not have an underlying osteomyelitis, which is a pre-requisite for reimbursement.

We have just begun to use the elastogel. What impresses me the most of this product is that when you use it on an ambulatory patient, it does not fall down with the dressings, when they ambulate. Too many of the products fall with gravity, as the patient begins to ambulate. It adheres nicely to the skin, and does not tear the integument when removed. Plus, Uncle Art stated it was cooling to the skin, and it felt good.

It is a long tedious process, which requires a tenacious, TLC doctor, nurse, etc. One cannot expect results overnight. Patience is a virtue. Unfortunately, I had not seen the ulcer, upon inception, being out of the country. However, it is responding nicely to your products.

Having been in practice 24 years, I have seen too many autogenic split skin grafts harvested and applied over the patient's ulcers, which have failed. The wound was not clean, nor was there an underlying osteomyelitis, or systemic, vascular, or nutritional disorder, which was not addressed. The key here is to look at the patient en toto. In addition, you now have a harvested site, i.e., abdomen or thigh, which could easily get infected as well, and you have also put the patient under the knife once again. Especially an elderly individual, you are putting them in a precarious situation.

You have developed some wonderful products, which complete the puzzle. Uncle Art, and myself, are very grateful to you.

The pictures speak for themselves. I shall keep you posted regarding Uncle Art's progress.